FD-340 (REV. 6-24-68)

File No. 44-1487-1A-178

Date Received 5-27-68

From LA
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By ME
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☐ No

Description:

1cc of U.S. Treasury Dept report of currency transactions

Form TCR-1
U.S. Treasury Department
(Revised 8-3-59)

REPORT OF CURRENCY TRANSACTIONS

See Reverse for Instructions

Part A. PERSON OR ORGANIZATION CONCERNED IN TRANSACTIONS REPORTED

Name _____

Address _____

Business, profession, or occupation _____

Part B. DESCRIPTION OF TRANSACTIONS

Date	U. S. Currency Involved		Nature of Transactions
	Total amount	Amount in denominations of $100 or higher	(State whether deposit, withdrawal, exchange of currency, cashing or purchase of check, etc.)

Additional information _____

Part C. FINANCIAL INSTITUTION REPORTING

Name _____

Address _____
(Number) (Street) (City) (State)

FD-340 (REV. 6-24-65)

File No. 44-1987-1H-179

Date Received 5-24-68

From GK
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By ME
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☑ No

Receipt given ☐ Yes ☐ No

Description:

Xerox cc of appli for Florida Driver's License

Serial - Sub E - 1126

Print or Type
Full Name _____ First Name _____ Middle or Maiden _____ Last Name _____

Street and Number _____

City or Postoffice _____ County _____

Date of Birth Mo. Day Year | Race | Color Eyes | Height Ft. Ins. | Weight Lbs.

Date of Application Mo. Day Year | Sex | Color Hair | Occupation

EXPIRES ON LAST DAY OF BIRTH MONTH IN 19.....

CHECK TYPE OF LICENSE WANTED ☐ Restricted Operator ☐ Operator ☐ Chauffeur

AFFIDAVIT OF APPLICANT: After having read, or had explained to me, the information contained herein, I do hereby certify that such information is true and correct.

Attest: _____ _____
Examiner First and Last Name Only

(For Department Use Only)

RESTRICTIONS: _____

I or We certify that applicant has met all requirements and is qualified for Driver's License.

_____ Badge No. _____ _____ Badge No. _____
Inside Examiner Outside Examiner

FOR PARENTS OR GUARDIAN AND EMPLOYER: (Must be signed by both parents if living and having custody)

We hereby consent that _____ the above minor, be granted a license to operate a motor vehicle and do hereby assume the obligations imposed by law.

Father's or Guardian's Signature	Mother's Signature	Employer's Signature
State of Florida, County of.....	State of Florida, County of.....	State of Florida, County of.....
Sworn and subscribed to before me this .....day of.....19.....	Sworn and subscribed to before me this .....day of.....19.....	Sworn and subscribed to before me this .....day of.....19.....
{Affix Seal} Notary Public	{Affix Seal} Notary Public	{Affix Seal} Notary Public
My commission expires:.....	My commission expires:.....	My commission expires:.....

Note to County Judge: Do Not Issue License Unless Above Has Been Notarized or Witnessed by the Examiner

This Application will be checked against the records of the Department in Tallahassee for suspensions and revocations. Ross

WARNING: Unauthorized possession or duplication of this form is a violation of state law.

ANSWER THESE QUESTIONS

Answer all questions below by marking squares opposite each. If any answer is "Yes," fill in required details to that question as carefully as you possibly can.

No Yes

☐ ☐ **Do you speak English?**

☐ ☐ **Read it?**

☐ ☐ **Write it?**

☐ ☐ **Were you ever licensed to drive?** When? (date)....., 19.....
What State?.....

☐ ☐ **Have you ever taken any part of an examination for a Florida driver's license?**
When? (date)....., 19..... Where?.....

☐ ☐ **Has your driving privilege been revoked, suspended, cancelled, or denied?** When last? (date)....., 19..... Where? (City and State) ..... Why?.....
Reinstated?..... When (date)....., 19.....

☐ ☐ **Have you ever been a patient in an institution for the insane or feeble-minded?**
When? (date)....., 19..... Name location of institution ..... Were you discharged as cured?.....

☐ ☐ **Have you ever suffered from epilepsy, fainting, or dizzy spells?**.....

☐ ☐ **Have you ever been addicted to narcotic drugs or intoxicating liquor?** Which?
.....

☐ ☐ **Do you have any physical defects that would make it difficult for you to operate an automobile safely?** What are they?.....
.....

☐ ☐ **Do you wear contact lenses?**

☐ ☐ **Have you ever been involved as a driver in an automobile accident?** When last? (date)....., 19..... Where?.....

☐ ☐ **How long have you known how to drive?**.....

☐ ☐ **Have you had Driver Training in public school?**

RECEIPT NO.	APPLICANT'S SIGNATURE IN FULL	PLACE	DATE
		733 Riverside Ave. Jacksonville, Florida	

RECORD OF EXAMINATION

Car: Make ______ Year ______ Lights ☐ Horn ☐
R.V. Mirror ☐ Brakes ______ Windshield Wiper ☐ Muffler ☐
Registration Number ______ Accompanying Driver No. ______
Name ______

Vehicle Handling		Good	Needs training
Start	Car readiness		
	Location controls		
	Motor operation		
Quick stop			
Backing	Speed		
	Lane		
Parking	Signal		
	Positioning		
	Backing		
	Placement		
Turn about	Positioning		
	Maneuvering		
Stop on up grade	Braking		
	Wheel turn		
Start on up grade	Signaling		
	Brake control		
	Motor operation		
Posture	Body		
	Arms		
Traffic Problems			
Following	Distance		
	Observation		
	Placement		
Overtaking	Judgment		
	Signal		
	Speed		
	Return		
Being overtaken	Speed		
	Yielding		
Use of horn	Helpful		
	Unnecessary		
Right of way	Yielding		
	Taking		

Road Problems		Good	Needs training
Stop signs	Braking		
	Placement		
Traffic signals	Braking		
	Placement		
Left turns	Lane		
	Speed		
	Signal		
	Turn		
	Waiting		
Left turn at signal	Lane		
	Speed		
	Signal		
	Turn		
	Waiting		
Right	Lane		
	Speed		
	Signal		
	Turn		
One way street	Placement		
	Changing		
Multiple lanes	Placement		
	Changing		
Other signs	Observation		
	Action		
Attention	Starts		
	Back and turn		
	Left turn		
	Parking		
	Other		
Score %	Counts		

PHYSICAL CONDITION

VISION: Breadth ______

COLOR: Red ☐ Green ☐ Normal ☐

Acuity	Right	Left	Both
With Glasses	20/	20/	20/
Without	20/	20/	20/

NEW PRESCRIPTION

	Right	Left	Both
With Glasses	20/	20/	20/

INFIRMITIES None Noted ☐
Missing Extremities ☐ Mental ☐
Stiffness ☐ Shakiness ☐ Other ☐
Hearing: Deaf ☐ Poor ☐ Good ☐

RESULTS OF TESTS

Signs: No. Shown ______
Ones Missed ______ 1st ______
Second Test ______ 2nd ______
Third Test ______ 3rd ______
Fourth Test ______ 4th ______
Fifth Test ______ 5th ______

Road Rules: No. Tried ______
Ones Missed ______ 1st ______
Second Test ______ 2nd ______
Third Test ______ 3rd ______
Fourth Test ______ 4th ______
Fifth Test ______ 5th ______

First Test ______
Second Test ______
Third Test ______
Fourth Test ______
Fifth Test ______

DL FORM 4

LICENSE No. ______

DRIVER'S PERMANENT RECORD

Do Not Write Here—This Space for Department Use Only

DATE Mo.	Day	Year	DRIVER'S ACTION Accidents, Violations, etc.	DATE Mo.	Day	Year	DEPARTMENT ACTION Examinations, Suspensions, etc.

STATE OF HAWAII

INFORMATION SYSTEMS (DATA PROCESSING) COPY

OPERATOR'S LICENSE

NAME (LAST) (FIRST) (MIDDLE)		R40 SOCIAL SECURITY NUMBER	A DATE OF BIRTH MO. DAY YR.
B MAILING ADDRESS NUMBER (STREET)		HEIGHT ___FT___IN	WEIGHT / COLOR HAIR / COLOR EYES / SEX
(CITY) (STATE)	ZIP CODE	C CSC LICENSE NUMBER	CLASSIFICATION
HOME ADDRESS		RESTRICTION CODES	RESTRICTION DESCRIPTION
BUSINESS ADDRESS		THE ABOVE NAMED APPLICANT SAYS THAT HE IS THE APPLICANT NAMED IN THE FOREGOING APPLICATION AND HAS READ THE SAME AND KNOWS THE CONTENTS THEREOF AND THAT THE STATEMENTS CONTAINED THEREIN ARE TRUE.	
SUBSCRIBED BEFORE ME THIS ____ DAY OF ____ 19__			
ASSISTANT EXAMINER OF OPERATORS		APPLICANT'S SIGNATURE	

FD-340 (REV. 6-24-65)

File No. 44-1987-1A-180

Date Received 5-27-68

From Honolulu
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By Memphis
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☐ No

Description:

Xerox cc of the info available in the Honolulu computer re driver's license

Sub-C-904

FD-340 (REV. 6-24-69)

File No. 44-1981-~~Sub~~ 14 - 181

Date Received 5/31/68

From IP
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By ME
(NAME OF SPECIAL AGENT)

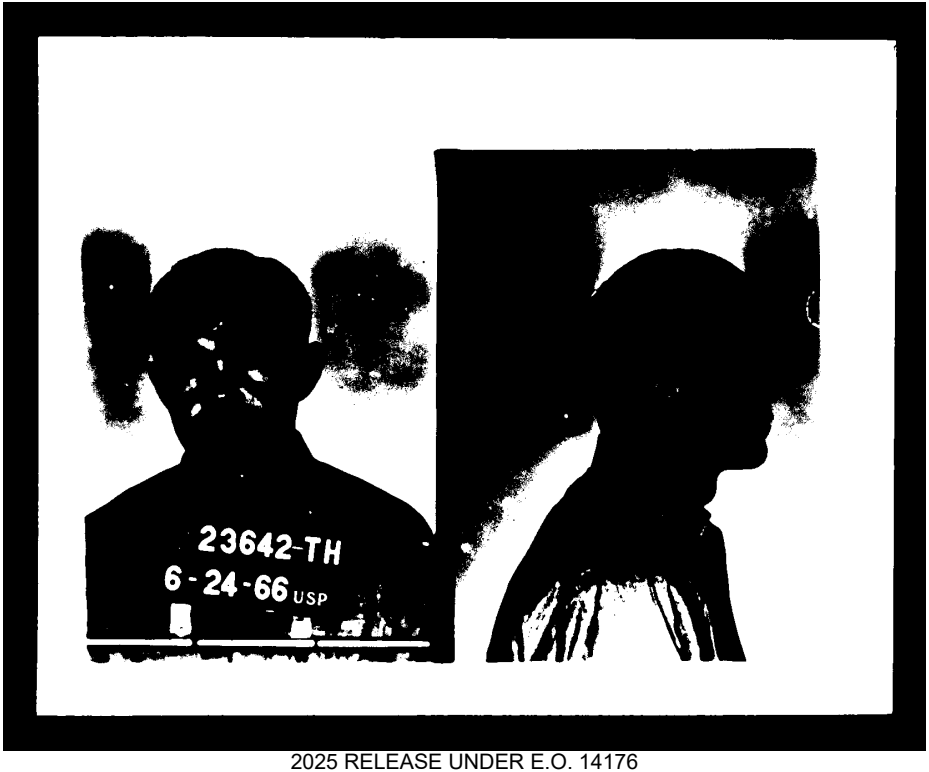
To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☐ No

Description:

One photo of Frank William Brickley taken 6/66

Sub E - 985 QQ



FRANK William BRICKLEY
photo taken 6-24-66 Tenn
Height 5'7"
Weight 146
Race: W-M-A
Date of birth 7-27-36 Tenn
HAIR - Brown
Eyes - Brown
2" scar above left eye
convicted robbery - bedwrapping

DP 44-563

Me 44-1987-1A-181

FD-340 (REV. 6-24-69)

File No. 44-1987-1A-182

Date Received 6-3-68

From Director
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By Memphis
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

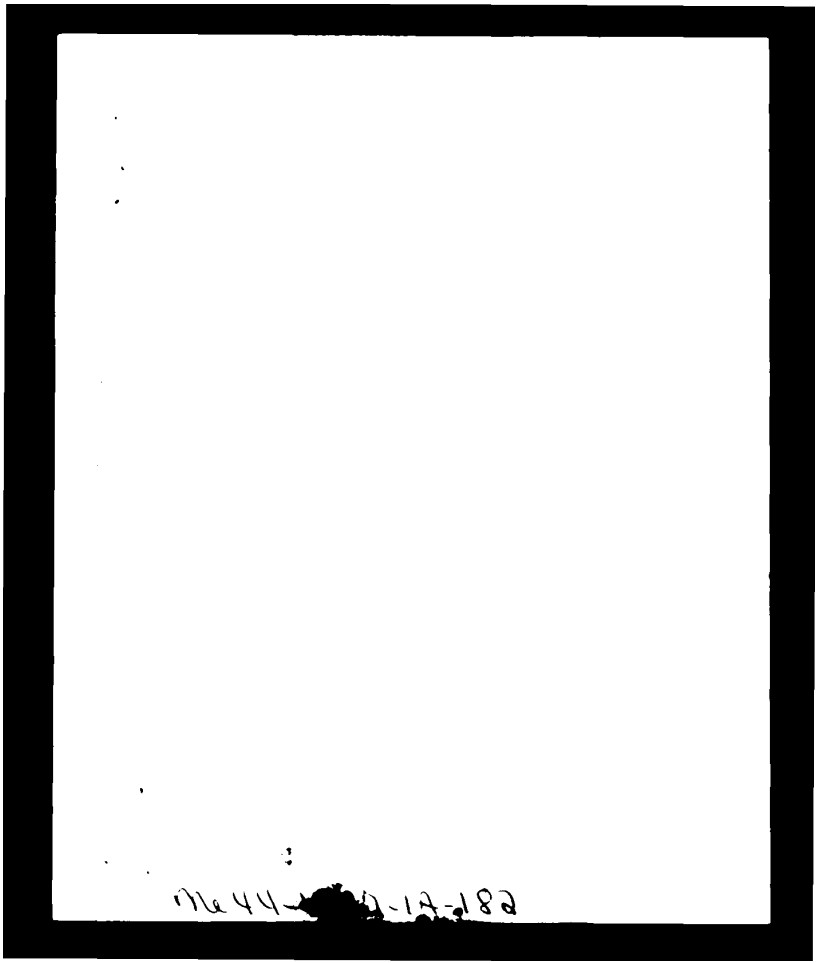
Receipt given ☐ Yes ☐ No

Description:

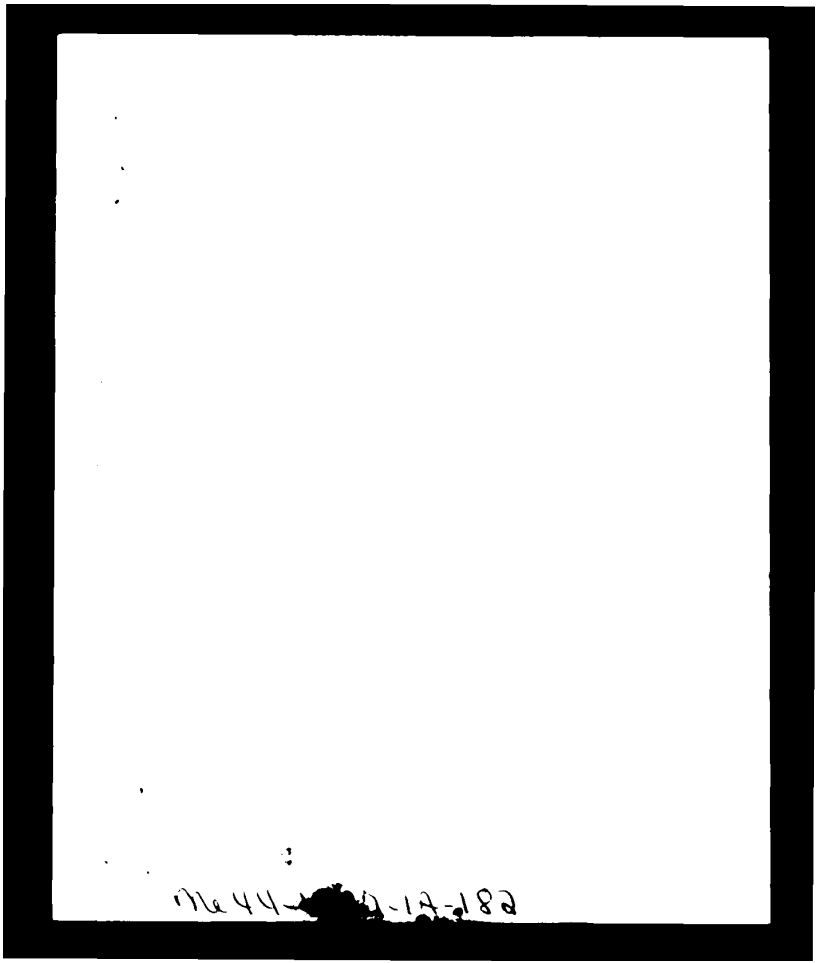
2 photos of James Wilbourne Ashmore
Hon 8/55

Sub-G-706 & 707

JAMES WILBOURN ASHMORE
FBI #4 869 529
COPY



JAMES WILBOURN ASHMORE
FBI #4 869 529
COPY



FD-340 (REV. 6-24-65)

44-1987-1A-123

File No. ~~44-1987~~

Date Received 5/22/68

From (Inspector) H. L. Zachary
(NAME OF CONTRIBUTOR)

Memphis Pd
(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By (Memphis)
(NAME OF SPECIAL AGENT)

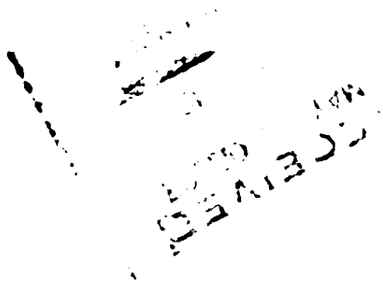
To Be Returned ☐ Yes ☐ No

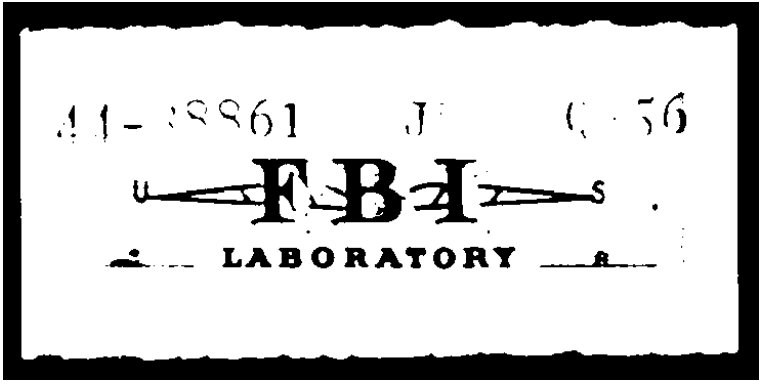
Receipt given ☐ Yes ☐ No

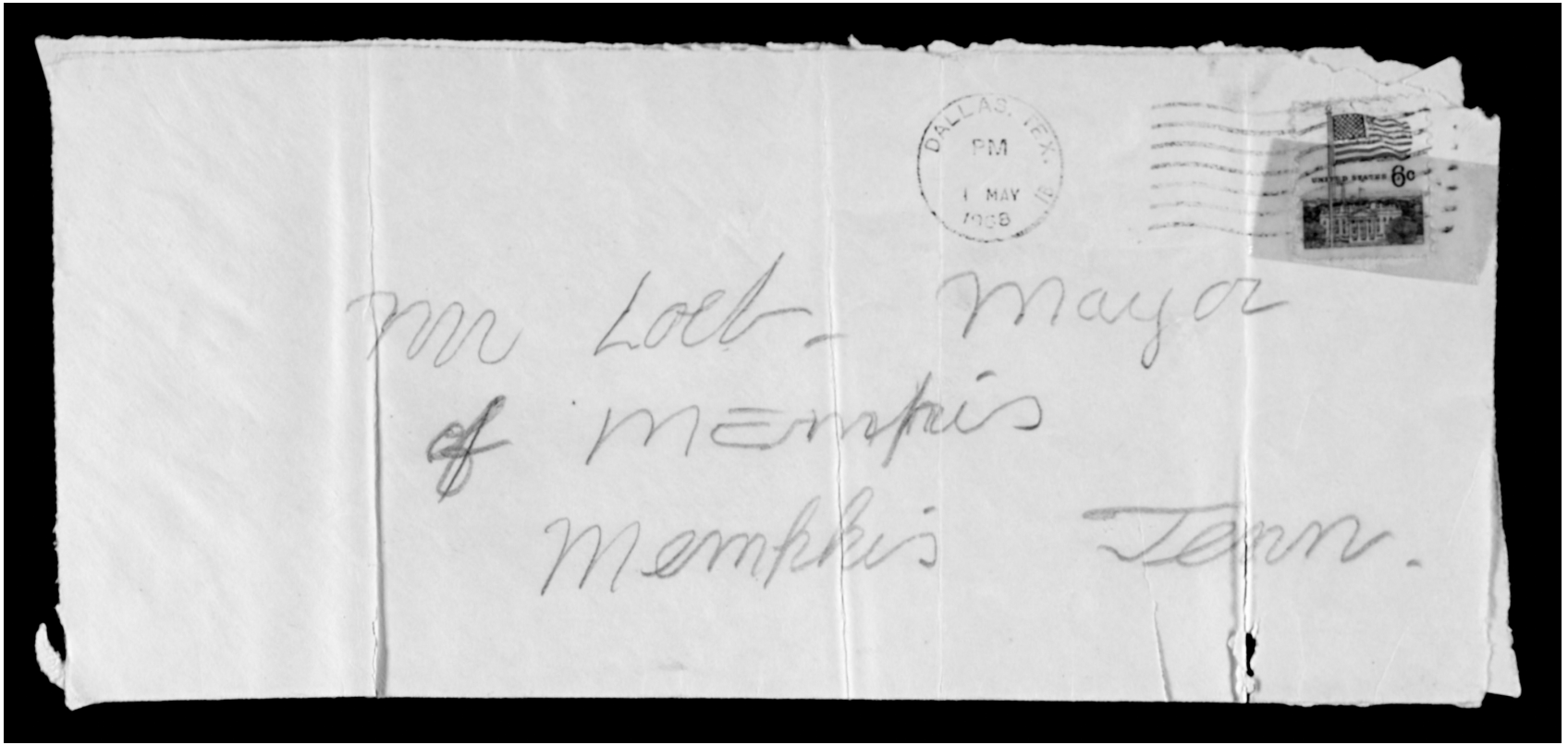
Description: envelope & letter postmarked 5/1/68 at Dallas, Texas, addressed: "Mr. Loeb, Mayor of Memphis, Memphis, Tennessee".

Fund Bureau
5/22/68 acp
(MM)

I didn't mean to kill
Rev Luther King
they hired me to shoot
him in the leg and
when he stumped over
I accidental kill him
Brother A said he would
pay me $300 cash
only if Rev King was
wounded they would fill
a hole left of money
and would get me
soon. Now they will
pay me no more.
3 men hired me
called each other Bro A
Mr B and Mr T.
By the time you gets
this I will be out of
the country. Hope you
gets these 3 men that
hired me. They are
the guilty ones
you are looking for
the wrong man. I am
white but not a white
Black men
[illegible] time







W. T. McAdams
Crowell
Hyman
Jones
Chandler

FD-340 (REV. 6-24-65)

File No. 44-1987-1A-185

Date Received 5/9/68

From _____
(NAME OF CONTRIBUTOR)

_____
(ADDRESS OF CONTRIBUTOR)

Memphis, Tenn.
(CITY AND STATE)

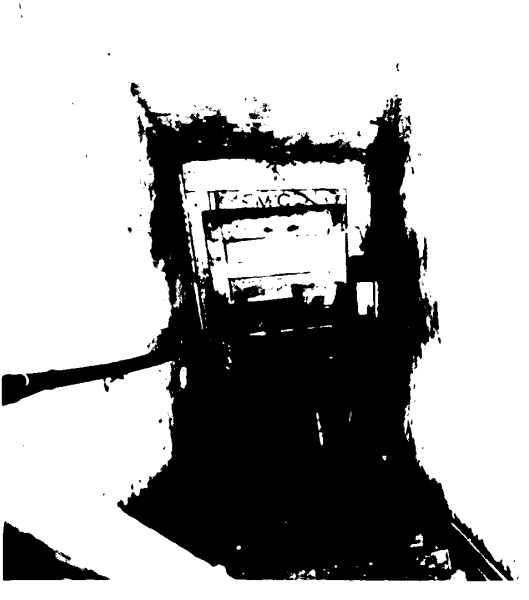
By Ramsey
(NAME OF SPECIAL AGENT)

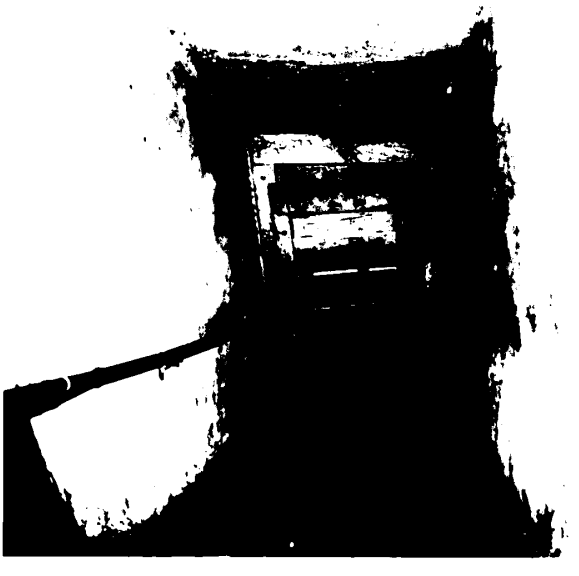
To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☒ No

Description: 6 photos + 3 negatives of photos of rooming house located 428½ S. Main. Taken 5/9/68.

738





133

XE 44-1937-14-15

133

We xx - 1983 - III 183

133

NR 44-1987-14-185